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February 16th, 2022

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By email to: vpv@vargheselaw.com

Re: Psychiatric and Risk Assessment of Mr. Darren Stewart

Dear Mr. Varghese:

I have evaluated Mr. Stewart, with my report below:

Identifying Data & Chief Complaint: Mr. Stewart is a 52-year-old white male. He is an Australian citizen who had been here working for the Australian government on an A2 Visa since 2013 until his arrest in 2021. This visa has expired recently. He worked as an office manager for the Australian Consulate and then for the Australian Trade Commission. He was incarcerated in 2021 and has been at the Metropolitan Detention Center (MDC) since. Mr. Stewart was divorced in 2014 after 20 years of marriage. His wife is Australian and lives in Australia. He has two children, a 30-year-old son and a 28-year-old daughter, and no grandchildren. He was raised in the Catholic religion but said that he is an atheist now. He has no other citizenships. His first language is English. His chief complaint was "I am here for an evaluation." Prior to his arrest he had been living in a two-bedroom apartment for a year. Some of this had been with his ex-partner with whom he broke up in 2019. He was referred to me for an evaluation following his arrest for charges involving child pornography.

Sources of Information: Included the following interviews:

1. I interviewed Mr. Stewart virtually while he was at MDC for 1 and ½ hours on January 18th, 2022, and for 2 and ½ hours on January 19th, 2022. I initially was able to briefly conduct a video interview with Mr. Stewart, but thereafter the quality of the sound decreased, and it was also the case that he had to speak loudly with the capability of other inmates hearing him, so we conducted much of the first and all of the second interview by telephone only. Nevertheless, I was able to see him for a period of time and hear him clearly on the telephone and

Stewart, Darren
February 16th, 2022

Page 2

the interview was very adequate to obtain information and form an opinion about him.

It also included a review of the following materials, provided by your office:

1. The Indictment
2. The Plea Agreement

Informed Consent for the Examination: Prior to the examination I informed Mr. Stewart that I was performing an evaluation at the request of his defense attorney and that whatever he said to me could be included in a report to him or to her, and that his defense attorney may, in turn, choose to present this to the Court and the prosecution. I also presented information on the various psychological and written tests that I would be administering. Mr. Stewart understood this information and gave his consent verbally

History of the Present Illness: Mr. Stewart said that he was born in Warwick, Queensland, Australia. He said that Warwick was a town of about 2,000 equivalent culturally to such a town in Middle America. He said that it was "very white, very racist, and very homophobic." He said that, as far as he knew, his mother's pregnancy with him and delivery of him were normal. He was raised in Warwick until he had entered the 7th grade. He said that his family moved around a lot as his father was in the business of spraying roads with water as they were about to be paved and would move from place to place. He said that he moved perhaps four or five times during his childhood.

Mr. Stewart said that he did not go to preschool. He went to a school called Bonshaw in New South Wales for kindergarten through the 3rd grade. He lived in the country and took a bus to school. His family then moved to Inverell, New South Wales, where he completed the 4th and 5th grades. He then went to Texas, which was in Queensland, for part of the 5th grade. He then transferred to Tenterfield in New South Wales completing the rest of the 5th and part of the 6th grades. He then went to Warwick West Primary School for the rest of grades 6 and 7 and attended Warwick High School for grades 8 through 11. He said that in the 11th grade he was asked to join the Australian Ambulance Corps and offered a cadetship. He began studying almost immediately as a cadet, which he did for two years, leaving high school to do this. He did not receive a high school degree, but then received an Associates Diploma of Ambulance Science from an institution called South Bank in Brisbane.

He received this degree in 1994 at the age of 25. He said that this involved a lot of course work and progressive responsibilities working with an ambulance and many courses. He said that he struggled throughout grade school, middle school, and high school. He said that typically he would move to a new school and feel very lonely and be shut out and was not able to make friends. He said that at some point he just gave up trying to make friends. He said that he felt much better about the ambulance corps and loved it and excelled in it. He had barely passing grades in middle school and high school prior to this, but was an outstanding student in the ambulance corps. He first became a cadet, then an ambulance officer, then a

Stewart, Darren
February 16th, 2022

Page 3

paramedic, and then an advanced care paramedic. He received an Associate's Degree of Ambulance Science in 1994.

He said that from the 11th grade in 1983, when was 16, he remained in the ambulance corps for 28 years resigning in September of 2013. He said that initially he lived in Warwick with his family for some years. His family then moved to Goondiwindi, Queensland, and he continued to live with them for a few years. He then moved to Toowoomba in Queensland where he lived for four years. There he met his wife who was a nurse. They lived together and she became pregnant, and they married in 1989 when he was 22 and she was 20. They married because she was pregnant and both families were Catholic, and this was the expectation. He said that they subsequently had another child. Sexually, he said that they had sex once or twice per week although he said that he was most definitely gay.

Asked what growing up was like he said that he was the middle child. He said that he never got much love from his father who was a strict disciplinarian. He said that his father favored his other siblings and would come home, and his mother would tell his father that he had done things wrong, and his father would hit him with a belt severely to a point where he would bruise, but not inflict this on his siblings. This happened quite frequently. He said that his father was "a strict disciplinarian and showed little love."

Mr. Stewart said that he was bullied in high school. He said that he was called an asshole and an idiot and pushed and shoved and beaten up. He said that this was because he was shy and did not make friends. He said that although he was gay and knew that he was gay from an early age, he was not effeminate and was not abused because of this. He said, however, that the environments in which he lived were extremely homophobic.

Asked about his marriage Mr. Stewart said that "it was fantastic." "It was absolutely the best of marriages." "We had two perfect kids." Mr. Stewart said that ultimately, he decided to come out to his wife, family, and others after he saw one of his daughter's friends during high school graduation come out and after a good friend of his died abruptly of a Circle of Willis aneurysm. He told his wife was quite shocked and surprised and told him that their marriage was over.

Mr. Stewart in 2013 had a sexual relationship with a man in Brisbane who was got a job in New York and this man asked him to come along with him and Mr. Stewart sold everything he had, retired from the Ambulance Corps, and followed this man to New York City. However, when they arrived, this man moved on to other relationships. Mr. Stewart had gotten a job working for the Australian Consulate and he continued living in New York City and working for the Australian government. He said that still has a pension from the Australian Retirement Fund; he said that he contributed to this for 20 years. He said that he had saved money in New York but that most of his savings had gone to attorneys.

He said that his wife was a mental health nurse and ultimately told him that he was still the father of the children and was very accepting of him. She began dating somebody who was jealous of her marital situation, and she decided to divorce, which was fine with Mr.

Stewart, Darren
February 16th, 2022

Page 4

Stewart. He gave her all their assets and divorced in October of 2014. He continued living in New York City.

I asked Mr. Stewart to go over what had happened in his life since 2013. He said that he moved here. He lived for six months with the man who he followed to New York who had engaged in other relationship and then found a separate relationship. Mr. Stewart said that he then had a couple of longer-term relationships, one with somebody named Antonio who was 47 in 2014. He lived with him from 2014 to 2016. In 2017 he began a sexual relationship with a man named Kang Teng, a 36-year-old male. He said that they lived together from 2017 to 2020. He said that he was very taken with this man and he brought him Australia to introduce him to his wife, children, and friends and that went very well. He said that they had an open relationship, however, which allowed them to have sex with others, and Kang became involved with another individual and this led to their breaking up in 2019.

With this, Mr. Stewart began engaging in gay dating using an application called Growlr. He said that eventually he met someone who asked him to come to a sex party in the Bronx where he could have "chemsex." Mr. Stewart said that he was curious and had never tried this before. He went with this individual and was introduced to methamphetamine and K (gamma hydroxybutyrate, a sedative) and then began engaging in intensive gay sex and drug parties. This lasted for approximately 9 months. He said that he would typically go to the same apartment with this same man. This individual was wearing an ankle monitor. There were six other males. He said that this man would not explain why he was wearing an ankle bracelet. He said that the man said that he was a pedophile and that the others in the group were pedophiles.

Mr. Stewart said that the men that he met for sex parties were living in cheap government supported housing. Mr. Stewart said that he involved himself with this group. He said that he would bring his laptop and his smartphone and would use these to project images of pornography onto a screen. He said that initially this consisted of adult pornography but said that they gradually migrated to child pornography. He said that he started out with fisting and then went into heavy group sex and then went into sex involving viewing images of mainly teenage minors.

Mr. Stewart said that he was quite sexually active and excited during these sex and drug parties. He said that for him the focus of his attention and sexual arousal involving sex in this group situation consisted of other adult males he was with or of pornography involving them which they projected. He said that during these parties they would frequently have sex with each other. Additionally, they would use methamphetamine. He described, for instance, receiving a small dose of methamphetamine anally and then engaging in anal intercourse. He frequently would blackout during these episodes and not remember what he had done the night before. He said that he would only have drugs when he was involved with these parties.

He said that eventually he became fearful and distrustful of this group and broke off with it, although he continued to see one member of this group, Jason. He said that Jason and he would meet at his apartment and again engage in looking at pornography involving adults. He

Stewart, Darren
February 16th, 2022

Page 5

said that Jason wanted to also view pornography involving minor males, which they did. Mr. Stewart said that ultimately, he broke up with Jason. He was quite concerned about the pornographic contents on his devices and got a new computer, destroying his old one and got a new phone. However, he retained his old phone and also a hard drive that he had used to back up pornography from these prior sex party episodes. Mr. Stewart said that prior to this period in his life he had looked at adult porn episodically for perhaps 20 years. He said that he was never interested in pornography involving minors. He said that when he got his new computer and smartphone, he did not look at child pornography at all.

Mr. Stewart said that In October of 2020 he was encountered by a large number of Homeland Security agents who came to his apartment and executed a search warrant. He said that he made no statements to them. He retained an attorney. He in January of 2021 turned himself in. He said that he was felt to be flight risk and that he had been incarcerated at the MDC since.

He said that at MDC he had been diagnosed with depression and started on antidepressants. He had not received any psychological therapy. He has not received any substance abuse therapy. He said that he had been blackmailed by other inmates who found out about the charges against him and he had to give his canteen privileges over to other inmates. He had not been assaulted.

Mr. Stewart said that a number of pornographic videos involving minor males was found on his computer. He said that as far as he knew the acquisition of these extended only over the nine-month period that he had been involved with these sex and drug parties.

Mr. Stewart said that he first started looking at pornography at the age of 24. He said that he preferred Asian pornography and pornography that involved "bearded men with beer bellies." He said that this was his typical choice. The Asian porn would involve individuals who looked younger.

Substance Use History: Mr. Stewart said that at the age of 16 he began drinking beer. He said that it was quite common in Australia to start drinking at this age and to drink beer and that he had never had problem with alcohol. He said that working in an ambulance he had to often times finish his shift and go home but be potentially available for emergency duty and he would be sober most of the time. He said that he only used methamphetamine over the nine-month period in New York City when he had looked at pornography during the sex parties that he attended. He mentioned in particular having a "bootie bump," which was a small amount of methamphetamine inserted anally before having sex. He briefly used marijuana. He said that he had also used ketamine periodically and "G" or gamma hydroxybutyrate, a central nervous system depressant, periodically. He has never used opiates. He had never used i.v. drugs. He said that he had not used drugs at MDC.

Mental Health History: Mr. Stewart saw a psychiatrist several times when he was working as an ambulance driver following episodes of trauma that he observed. Otherwise, he did not engage in any non-work-related treatment. When he and his ex-wife separated during 2011

Stewart, Darren
February 16th, 2022

Page 6

and 2012, they saw a couple's therapist for about 10 times. In 2013 he saw a marriage guidance counselor with the man whom he had moved to the United States to be with, which was not successful. He had had no psychiatric hospitalizations and no substance abuse hospitalizations or treatment.

Asked about suicide attempts he said that at age of 16 he was extremely distraught at being gay and decided to kill himself and took every pill from his mother's bathroom cabinet. He became very sick and was brought to the hospital but did not disclose that this was an attempt to kill himself and was only seen in the emergency room. A year later at the age of 17 he was about to tell his parents that he was gay. He said that there was a program on TV which described the gay population locally and his parents were rigid Catholics and very much against anything gay and said something to this effect. He became abruptly angry and went into the street and walked in front of a truck. He said that the truck veered off and crashed to avoid him. The truck driver chased him, but Mr. Stewart ran away. Ultimately, his mother sent his grandfather after him where he was waiting in a cemetery.

Mr. Stewart said that in December of 2020 he decided to kill himself. He said that he went to a local medical doctor saying that he could not sleep; this doctor gave him a prescription to sleep. A month later he got additional prescriptions. He had all of these pills stored up and was started to drink vodka and was going to overdose when serendipitously his son called him from Australia. After speaking with his son, Mr. Stewart decided not to kill himself saying that he then realized the devastating effects this would have on his family.

He said that he had had a difficult time at MDC. He was regularly called a chilmo (child molester). Mr. Stewart said that at MDC he was diagnosed with depression and was taking temazepam 30 mg at night to help him sleep. He was not taking antidepressant medications. He also was on propranolol 10 mg twice a day for high blood pressure, which can also treat anxiety. He said that in 1999 he briefly took pain medications and antidepressants. He had hurt his back at work and was disabled for a period of time.

Past Legal History: Was negative for any prior arrests.

Head Injury History: Was negative for head injury with loss of consciousness.

Past Medical History: Mr. Stewart is 5 feet 11 inches tall and now weighs 230 pounds. He had weighed 260 pounds but had lost weight at MDC. He has type 2 diabetes diagnosed on his entry into prison in 2020. He was taking metformin 500 mg twice a day. He has had high blood pressure only diagnosed in prison and was on propranolol 10 mg twice a day. He has had elevated cholesterol. He said that he had COVID in March of 2020 and was quite sick at home. He was not hospitalized but said that he was extremely ill. In January of 2022 he had COVID again despite being vaccinated and boosted. This occurred five days after he was boosted. He said that for the past 20 days the MDC had been in locked down, he thought because of COVID.

Stewart, Darren
February 16th, 2022

Page 7

Past History/Family History/Social History: Mr. Stewart's father is in his late 80s. He lives in Warwick, Australia. He had a company that helped with road building by spraying water on gravel roads. There were three people in his company. His father is retired. He described his father as "a strict disciplinarian." "He beat me all the time with the strap." Mr. Stewart's mother is in her early 80's. She lives in Warwick with her husband. She is a retired clothing store administrator. She was described as being "softer than dad." "She is still tough." Mr. Stewart's sister is 56 and lives in Warwick and is married. However, her husband was abusive, and she recently left him. She has three children, two girls and a boy, who are all in their 20s. Mr. Stewart said that his mother, father, and sister were all strict Catholic and had disowned him and would have nothing to do with him because of his gay orientation. He also has a brother, 52, who lives in Brisbane and is an airline pilot. He is divorced. He has two children, both female, ages 15 and 17. Mr. Stewart's ex-wife is 52 and lives in Brisbane. She is in a longtime relationship. She is a nurse. Mr. Stewart said that he gets along with her extremely well. Mr. Stewart's family history was negative for any psychiatric or substance abuse disorders. Mr. Stewart's most recent partner, Kang, whom he was involved with for four years, from 2016 through 2019 is now 37 and is a computer graphic designer. Mr. Stewart lived with Kang.

Non-Deviant and Deviant Sexual History: Mr. Stewart reached puberty at the age of 13. He had his first ejaculation at the age 13 by means of masturbation. His first crush was at 13 on a male rock star who was 25. His first date was at 24 with a 20-year-old female. His first non-genital touching, or petting, and his first genital experience was at 21 with his ex-wife who was 19 at the time. He first masturbated at the age of 13. He had had no orgasms in the week before my interview of him. The most orgasms he had had in a week's period in his life was 14. He had had one female sexual partner and perhaps 300 male sexual partners. He was homosexual in his sexual orientation. His masturbatory fantasy the past 10 times he had masturbated had involved adult males with whom he had had sex.

When asked if he had been physically abused, he said that his father whipped him repeatedly with a belt, leaving red welts. His mother would be angry at him and his younger brother and tell their father to "give them the whip" and his father would only whip him, but not his younger brother. When asked if he had been sexually abused, Mr. Stewart said that from the age of 12 to 14 his uncle, then 30, would perhaps 10 times per year bring him swimming. During this time his uncle would be naked and then would finger him anally and masturbate and ejaculate on him. Mr. Stewart told his mother about this, and she became infuriated with him, asking how he could have such dirty thoughts and saying that her brother would never do anything like this. Nothing more was done. Mr. Stewart said that subsequently this uncle was charged with abusing four of his male cousins, one of whom committed suicide. His uncle was not found guilty of these charges. Mr. Stewart said that he was very upset by this sexual abuse, thinking a lot about it.

Mr. Stewart acknowledged sexual masochism while he was under the influence of methamphetamine where he would be excited by having his nipples or his testicles being pinched. He said that this was quite arousing. Regarding any other paraphilic or hypersexual history, he denied to detailed questioning, exhibitionism, fetishism, frotteurism, pedophilia,

Stewart, Darren
February 16th, 2022

Page 8

sexual sadism, transvestic fetishism, voyeurism, other paraphilias, ephebophilia (interest in adolescents), biastophilia (arousal or interest in rape), compulsive or excessive masturbation, promiscuity, use of pornography, engagement in telephone sex, cybersex (excessive sexually chatting over the Internet), sexual incompatibility, gender identity disorder, or other sexual disorders. He said that he was in 100% control, or in complete control, of his sexual urges and behavior.

Review of Systems: Was negative in detail for any psychiatric or somatic symptoms.

Psychological Testing: Included the following psychological tests with results as noted:

Tests to Assess Deviant and Non-Deviant Sexual Behavior:

1. **A Sexual SCID, or Structured Clinical Interview for Diagnoses for Sexual and Gender Identity Disorders:** which is a structured clinical interview to establish whether or not individuals may have diagnoses of sexual or gender identity disorders which is being developed at the Sexual Behavior Clinic at New York State Psychiatric Institute and in our private practice was administered. This resulted in a diagnosis of erectile dysfunction related to methamphetamine. Mr. Stewart said that he was not aroused by images of minor males aside from when he was under the influence of methamphetamine or other drugs and in the company of adult males. While he may have had some arousal to such images, it seems as though this arousal was related to his substance use and not a primary pattern of sexual arousal. It was thus my best judgment that Mr. Stewart did not make criteria for pedophilia or any other paraphilic disorder.
2. **The Bancroft Self Report Scale of Sexual Interest and Activity (Developed by Bancroft, Tennent, Loucas, & Case, 1974):** was administered, with Mr. Stewart being asked to score it with two points of time in mind. The first was before his arrest. The second was for the week before my interview of him. There are two components to this scale. The first is the Frequency of Sexual Thoughts Scale. This scale asks a patient to indicate how often he finds himself thinking sexy thoughts on a scale of 0, or no sexual thoughts at all, to 5, or sexual thoughts frequent and usually associated with feelings of sexual excitement in previous week. Mr. Stewart reported a 3 out of 5 for the first period of time before his arrest and a 1 out of 5 in the week before my interview of him. The second part asks how many ejaculations a patient has had in a week's period. Mr. Stewart reported that he had had 3 ejaculations in a week period during the period before his arrest and only no ejaculations in the week before I interviewed him. Both of these scores suggest a substantial reduction in sexual interest and behavior from the period of time before his arrest to the period just before my interview of him.
3. **The Clinical Global Impression Scale (Developed by Guy, 1976):** was scored, with Mr. Stewart receiving a score of 1, or normal, not at all ill. This scale is a

Stewart, Darren
February 16th, 2022

Page 9

rating scale, which was developed at the National Institute of Mental Health for having clinicians rate how ill a patient is compared with the universe of patients that this clinician has seen with the sort of disorders that are in question. This scale ranges from 0, not assessed, or 1, normal, not at all ill, to 7, among the most extremely ill patients. Further, this scale has been used to estimate the degree of severity for a substantial number of disorders, ranging from schizophrenia, to eating disorders, to obsessive-compulsive disorder. In this case the focus of my estimation involved sexual and paraphilic disorders. In this case, I rated Mr. Stewart as being a 1, or normal, not at all ill, compared with the thousand plus individuals with paraphilias and/or sexual disorders that I have evaluated.

4. **The Kinsey Scale:** which is a scale developed by Kinsey which asks an individual to endorse a number from 0, indicating they were exclusively heterosexual to 6, indicating that they were exclusively homosexual. Mr. Stewart circled a 6 indicating that he was exclusively homosexual.

Tests to Screen for Other Psychiatric Syndromes:

5. **A SCID-I, or Structured Clinical Interview for DSM-IV and DSM-IV-TR Axis I Disorders:** which is a validated structured diagnostic instrument for the establishment of Axis I DSM-IV-TR psychiatric disorders. This disclosed diagnoses of major depressive disorder, recurrent, in remission; methamphetamine dependence in sustained remission in a controlled environment; ketamine and gamma hydroxybutyrate abuse in sustained remission in a controlled environment; and a posttraumatic stress disorder in remission.
6. **The Washton Alcohol and Drug Use Questionnaire:** which is a brief questionnaire which asks an individual to indicate if he or she had used drugs or alcohol, what the time frame of his use was, when he or she had last used any substances, and if substance use had ever been a problem. Mr. Stewart indicated that he had used cocaine powder, alcohol, marijuana, hallucinogens, and amphetamines and had had problems with amphetamines.
7. **The Michigan Alcohol Screening Test (MAST):** which is a 24-item validated screen for alcohol abuse. A score of 0 to 4 is considered non-alcoholic and Mr. Stewart received a score of 0.
8. **The Drug Abuse Screening Test (DAST):** which is a 28-item validated screen for substance abuse. A score of less than 5 is normal. Mr. Stewart received a score of 11, suggesting that he was a substance abuser.
9. **The Adverse Childhood Experiences Scale:** which is a scale developed by Kaiser-Permanente and the National Institute of Health to quantify the degree of

Stewart, Darren
February 16th, 2022

Page 10

adverse childhood experiences and individual has experienced. It presents 10 questions, such as “did an adult or person at least 5 years older than you ever touch or fondle you?” This instrument has been validated and it has been demonstrated that the greater the score the more likely the occurrence of adverse physical or mental health consequences. Mr. Stewart had a score of 5, which is a high score, suggesting significant childhood adversity.

Tests to Assess Personality Functioning:

10. **The Hare Psychopathy Checklist, Full Version:** This is a system of screening for and assessing the degree of psychopathy that an individual has which I have had training in. The Hare asks a rater to make judgments on 20 factors, and can result in a maximal score of 40. I rated Mr. Stewart as having a score of 7. This is a low score suggesting that he is not a psychopath.

Risk Assessment Instruments:

NB: because Mr. Stewart has not been charged with or actually convicted of at least one sexual offense against a child or non-consenting adult, one cannot technically use these instruments. However, some authorities have suggested that these instruments could also be used given the imposition of an administrative sanction, which would be the case with Mr. Stewart, given that he was asked to leave school. Using these instruments in this way would give some “ballpark” idea of what his risk of repeat behavior might be.

11. **The Static-99R:** which is arguably the most validated and thoroughly studied risk assessment instrument for sexual recidivism. I computed Mr. Stewart's score as being -1 (on a scale of -3 to 12), which places him in the below average risk category for sexual recidivism. I would note that the descriptions of whom this instrument may be used on indicate that it may be applied only to individuals who have been accused of an actual hands on crime against a victim. This definition of victim has been extended to that of a purported victim, and could involve, for instance, an undercover officer posing as a juvenile in a sting operation. Some have also argued that this instrument could also be used to predict the likelihood of recidivism for a sexual crime for individuals who have only involved themselves with hands-off crimes, such as child pornography, because many of the factors which this instrument uses are well-established predictors of criminality (such as a youthful age or the number of prior sentencing dates) and there is no reason to suspect that they would be substantially different for this population. Further, the most important issue in assessing these individuals is their likelihood of committing an actual hands on crime against a victim, and this is the best instrument for this purpose.
12. **The Child Pornography Offender Risk Tool (CPORT):** this is an instrument developed in Canada, which has been validated. It relies on scoring a number of

Stewart, Darren
February 16th, 2022

Page 11

demographic factors and aspects of the offending behavior; it results in a score of 0 to 7, the higher the score the greater the risk. Mr. Stewart had a score of 2, placing him in a group that has a predicted recidivism rate of 8.5% at 5 years for sexual re-offense, involving either child pornography, contact sexual crimes, or both.

13. **The Sexual Violence Risk-20:** which is an instrument to guide structured assessment of consideration and rating of a number of risk factors and other factors which would be relevant to the risk of sexual violence that an individual presents. I rated Mr. Stewart as having 5 of 20 factors present. I would overall rate Mr. Stewart's risk of sexual violence (i.e., sexual aggression towards an actual person) using this instrument as low.
14. **The SONAR:** which is an instrument developed by Hanson et al which attempts to incorporate dynamic factors into an individual's risk assessment. I computed Mr. Stewart's score as being 3 (on a scale which extends from the lowest score of -4 to the highest score of 14). This falls within the low risk category (-4 to 3)
15. **The Level of Service/Case Management Inventory (LS/CMI):** which is an offender assessment developed by Andres, Bonta, and Wormith. It is used to assess an offender's needs and risks. It has been validated on 79,523 male community offenders in North America, including the United States. Mr. Stewart received a score of 3 out of 43 (where a higher score is associated with greater needs and greater risks). Compared with individuals who are in the community, he is in the 8.2nd percentile in terms of risk, meaning that 91.3% of individuals who are offenders who are now in the community had a higher risk of re-offense and greater need for services than Mr. Stewart does.

Mental Status Examination: Mr. Stewart was dressed in prison garb. His affect was euthymic. He gave a coherent and detailed history. There was no indication of psychosis. He denied hallucinations. There was no indication of thought disorder. He said that he was not aroused to images of minors even when he was viewing such images as he was involved in group sex with other adult males. He said that the focus of his arousal was on adults, not minors. He denied suicidal and homicidal ideation and intent. He had good insight, good judgment, and good impulse control.

Impression: My impression is that Mr. Stewart is a 52-year-old Australian citizen. He had a strong gay orientation and grew up in a homophobic culture in which his family was Catholic. He was quite troubled by this and attempted suicide on a couple of occasions. Nevertheless, he was an excellent student and during his last year of high school joined the Ambulance Corps in Australia and had a very successful career with that service, working for 28 years. He said that he received many commendations for his work.

Mr. Stewart in 2013 decided to follow a man he was involved with to the United States. This relationship failed, but Mr. Stewart got a job and has worked steadily for the Australian

Stewart, Darren
February 16th, 2022

Page 12

government until his arrest. He had a subsequent significant relationship with a man for 4 years. Mr. Stewart said that following a breakup with this man in 2019 he became involved with a group of gay men who described themselves as "pedophiles." He engaged in extreme methamphetamine abuse and gamma hydroxybutyrate use during sexual parties. During these parties he said that he would bring his smartphone and his computer and he and other men in these parties would look at both adult and child pornography. He said that these parties initially started out with group sex and viewing of adult pornography but then evolved to viewing pornography involving minor males. Mr. Stewart said that during these parties he would be sexually aroused but that the focus of his arousal were the men he was with and not the images of minors.

Mr. Stewart said that he engaged in these activities for a period of time and then became disgusted. He left this group. He said that one member of the group continued with him and met him at his home and when this man wanted to continue to look at child pornography Mr. Stewart broke up with him.

Mr. Stewart was ultimately served a search warrant and child pornography involving minor males was found on his computer and smartphone. His use of child pornography appears to be related to his participation in group sex with adult males and the use of methamphetamine and gamma hydroxybutyrate.

I do not think that Mr. Stewart makes criteria for pedophilia or any other paraphilic disorder, because he denies being sexually aroused to such images and because his arousal was always associated with substantial drug use. He does make criteria for a sexual disorder involving erectile dysfunction related to methamphetamine use, which is a common side effect. He also makes criteria for major depressive disorder recurrent, methamphetamine dependence, gamma hydroxybutyrate abuse and posttraumatic stress disorder in remission from his sexual abuse by his uncle when he was a child. He has a very substantially elevated score on the Adverse Childhood Experiences scale. He also has high blood pressure, obesity, and adult-onset diabetes mellitus. He also has a history of low back injury and pain. Mr. Stewart's substance abuse disorder seems clearly to be related to his involvement with these sexual parties. Otherwise, he has a good work history and no issues with other compulsive behavior.

Mr. Stewart's risk according to 6 actuarial instruments (the Hare Psychopathy Checklist, the Static-99R, the CPORT, the SVR-20, the SONAR, and the Level of Service/Case Management Inventory) of another sexual crime of this nature is low. While it is clear that three of these instruments, the Static-99R, the SVR-20, and the SONAR are only normed for contact sexual offenders, many of the criminogenic items in them are relevant for predicting risk of recidivism in a population of men who have only been involved with child pornography, and three, the LS/CSM, the Hare Psychopathy Checklist, and the CPORT, can be used to assess risk for this group of men. There is no indication that Mr. Stewart has ever abused or attempted to abuse a minor or that he was involved with child pornography prior to these sex parties. Additionally, Mr. Stewart's involvement with child pornography was associated with his substance use disorders and if he remains abstinent, his risk of re-offense will be further reduced.

Stewart, Darren
February 16th, 2022

Page 13

Diagnoses (According to DSM-5):

1. Methamphetamine dependence, in sustained remission in a controlled environment
2. Gamma hydroxybutyrate abuse in sustained remission in a controlled environment
3. Major depressive disorder, single episode, in remission
4. Post-traumatic stress disorder, in remission
5. Obesity
6. Adult-onset diabetes mellitus
7. Hypertension
8. History of low back injury

Opinion/Recommendations: Mr. Stewart was involved for about a 9-month period of time with a group of men who described themselves as pedophiles and with whom he viewed child pornography. His involvement with child pornography was very much related to his substance abuse and he would be an excellent candidate for the residential drug and alcohol program in federal prisons (RDAP). He is not a pedophile, and his risk of re-offense is low according to 6 instruments used to assess such risk.

Please do not hesitate to contact me if you have any further questions.

I have included a copy of my resume for your information.

Sincerely,

A handwritten signature in black ink that reads "Richard B. Krueger, M.D." The signature is written in a cursive, flowing style.

Richard B. Krueger, M.D.